

| | | | | | |
|---|--|-----------------------------|--|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 03108/0202225-US0 | |
| Application No. 10/518,624-Conf. #8919 | | Filing Date May 13, 2005 | | Examiner J. M. Nolan | |
| | | | | Art Unit 1626 | |

Applicant(s): Venkateswarlu Jasti et al.

ARYLALKYL INDOLES HAVING SEROTONIN RECEPTOR AFFINITY USEFUL AS
Invention: THERAPEUTIC AGENTS, PROCESS FOR THEIR PREPARATION AND
PHARMACEUTICAL COMPOSITIONS CONTAINING THEM

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---|---|-----------------------------------|------|---------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 12 | - 20 = | | x | |
| Independent Claims | 1 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 |

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Anna D. DiGabriele Dated: March 8, 2007
 Anna D. DiGabriele
 Attorney/Agent Reg. No.: 59,933

DARBY & DARBY P.C.
 P.O. Box 5257
 New York, New York 10150-5257
 (212) 527-7654

| | |
|------------------------------|--------------|
| Express Mail Label No. _____ | Dated: _____ |
|------------------------------|--------------|